

NOVEMBER 19, 2007MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT**RECEIVED**NOV 13 2007 *asw*
NOV 13 2007MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**Samuel Franklin(Enter above the full name
of the plaintiff or plaintiffs in
this action)07CV6415
JUDGE CASTILLO
MAG. JUDGE NOLAN

vs.

Case No. _____

(To be supplied by the Clerk of this Court)D Cook County
Department of
Corrections(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")**CHECK ONE ONLY:****COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)****COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)****OTHER (cite statute, if known)****BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.****I. Plaintiff(s):**

A. Name: Samuel Franklin

B. List all aliases: None

C. Prisoner identification number: 20060070386 or K60141

D. Place of present confinement: CCDOC

E. Address: 2600 S. California 60628

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: _____

Title: _____

Place of Employment: _____

B. Defendant: _____

Title: _____

Place of Employment: _____

C. Defendant: _____

Title: _____

Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES NO If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES NO

C. If your answer is YES:

1. What steps did you take?

I submitted a grievance on 11-14-06 about the incident that happen on 10-26-06 that I was stab in my left eye and receive five stitches. I ask could I press charges

2. What was the result?

I receive a response about grievance # 2006X1340 on 11-20-06 stating that there is a open case # C2006-0001177 but no one came to me about pressing charges until I sent another grievance 9-7-07. INV. GARCIA came to me saying she never receive ANY paper work about this and she came to me on 9-18-07. INV. GARCIA also stated that there is nothing she can do because it was to late because inmate Kelly was ship out of building.

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

Yes I put another grievance in to INV. Garcia on 9-26-07. She said the D.A's office told her the case is a misdemeanor because the I took pen that I was stab with was not weapon. INV. Garcia also stated that the was going to be time consider sever because a pen is not a weapon but I receive five stitches in my left eye which his left a permanent

D. If your answer is NO, explain why not:

SCAR there

E. Is the grievance procedure now completed? YES () NO ()

F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO ()

G. If your answer is YES:

1. What steps did you take?

2. What was the result?

H. If your answer is NO, explain why not:

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

A. Name of case and docket number: None

B. Approximate date of filing lawsuit: None

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: None

D. List all defendants: None

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): None

F. Name of judge to whom case was assigned: None

G. Basic claim made: None

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): None

I. Approximate date of disposition: None

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

To my knowlege my protection rights was violated. I would like the court to compensate my pain and suffering in the sum amout of 300,000⁰⁰

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this Oct day of 15, 2007

Samuel Franklin

(Signature of plaintiff or plaintiffs)

Samuel Franklin
(Print name)

20060070394 OK 1c60141
(I.D. Number)

2600 S. California 60608

8215 S. Avalon 60619
(Address)